



# PALACIOS SECURITY AGENCY

P.O.Box 24433 GMF  
Barrigada, GU 96921-4433

Tele/Fax: 477-0501

Adolpho Palacios  
President

August 16, 2004

To: Ms. Mae Paulino/HR  
Subject: Incident Report, Re: Terminated Employee

On 8/14/04, I was with Mr. Ijima at Condo-E, interviewing the Guest of #409, regarding a missing jewelry bag. After finishing at Condo-E, we went over to talk with Lito at Condo-C. A GPD Officer was with us.

At 11:40AM, 8/14/04, we were at Condo-C to talk with Lito. While at Condo-C, the Cell phone of Mr. Ijima rang. Mr. Ijima was talking, in Japanese, and my impression is that he was talking with someone higher than him, because in the way he was talking. After finishing talking, Mr. Ijima remarked to the effect, about a terminated employee now being at the Hotel staying. I later gathered that it was Christina Camacho.

We went to the Hotel about 12:30PM. Mr. Ijima instructed me to place a Security Guard on the Lobby Floor, because of the subject terminated employee. I instructed a Security Guard to remain on the Lobby Floor, until the Front Desk employees get off at 2:45PM.

While at the Lobby, I asked one of the Front Desk Clerk where is the subject employee staying. I was told that the Subject employee is staying at Condo-E, second, but as a Guest of an active Employee, who rented the room. I did not ask for the name of the Renter. I also asked the Front Desk Clerk what time they would be getting off. I was told it would be at 2:45PM. I told them that the Security Guard will accompany them to time-out, and that I will be Upstairs when they will board the Van to the Employee Parking Lot.

At 2:45PM, the three (3) Front Desk Clerk exited the Hotel and boarded the Van. I followed the Van to the Employee Parking Lot, where I saw all three employees entered their individual vehicles. Their vehicles were parked almost next to each other in the area outside the Employee Parking Lot. This is the area by the road.

All three vehicles left at the same time. I was behind the last car.

On this day, 8/14/04, Security did not receive any complaint about the subject employee being on the premises. And I did not know of any incident occurring because of the subject terminated employee being on the premises. But upon learning that the terminated employee was on premises, I took precautionary measures to make sure that the Front Desk Clerks are not disturbed by the subject. I also made sure that they are safely going home after work.

Submitted for your information and record.

  
Captain A. B. Palacios, MPA (Ret. GPD)  
President, General Manager



## PALACIOS SECURITY AGENCY

P.O.Box 24433 GMF  
Barrigada, GU 96921-4433  
Tele/Fax: 477-0501

Adolpho Palacios  
President

### FOR THE RECORD

On Friday (8/13/04), Human Resources (HR) requested my presence at their office, to escort an employee out of LPR premises, once the employee is served with a termination notice.

An employee named: Christina CAMACHO was served a termination notice in HR office. Upon receipt of the notice, the employee left, and was escorted by the Security Guard, from the HR office to the employee exit door upstairs. I was outside at the parking lot. The terminated employee boarded onto a Pickup Truck and headed towards the ARCH. I followed from behind, all the way to the ARCH. The employee exited the ARCH without incident.

It is a standard procedure that when LPR is serving a termination notice to an employee, that a Security Guard is requested to be present in the office. Then the Guard would escort the employee out of the premises.

Captain A.B. Palacios, MPA  
Retired Guam Police  
President/General Manager

AUG,18,2004

TO: MS. MAY POULINO , MANAGER  
HUMAN RESOURCES DEPARTMENT.

FOR THE FIRST, I WAS DESAPPOINTED IN THIS CASE.  
AS YOU KNOW I AM WORKING LEOPALACE MORE THAN 5 YEARS.  
I TRY MY BEST TO COOPERATE WITH CO-WORKER FOR BEHAFE OF  
COMPANY SINCE I WAS TRANSFERRED HERE FROM JAPAN.

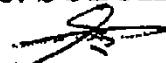
IT WAS HAPPENED ABOUT END OF JUN THIS YEAR.  
I RECEIVED A COMPLAINT FROM MS. ROSE WHO GOT A HARASSMENT  
FROM MS. CHRISTINA.  
AT JUN 30, MR GREG & MS ROSE HAD A MEETING REGARDING  
THIS CASE. THEY WERE DECIDED COMPLAINT TO PARSONAL OFFICE  
WITHOUT ME. THAT I HEARD.

WITHOUT ME MEANS I AM SO BUSY AND MY ENGLISH IS NOT WELL  
AND THEY CAN MAKE A SETTLEMENT THEMSELVES.  
THEY SAID.AFTER THAT I NEVER RECEIVE THIS COMPLAINT FROM  
THEM AND OTHER CO-WORKER.  
I THOUGHT THIS CASE WAS SETTLE IN MY JUDGMENT.

SOMEDAY MS. ROSE ASKED ME ABOUT MS. CHRISTINA FOR FIRE  
WHATEVER THAT TIME.WE NEED MORE STAFF(SHORT STAFF) SO  
I COULD SAY AS SOON AS POSSIBLE WHEN WE GET A NEW  
CO-WORLER.  
AND ALSO THAT TIME , I NEVER HEARD STILL CONTINUALLY  
HARASSMENT.

AT JULY 30, I SAW THEM (ROSE & CHRISTINA) WORKING TOGHTHER  
MS. ROSE REQUEST MS.CHRISTINA FOR WORK DURLING THE SHORT  
STAFF.  
BUT I NEVER THOUGHT STILL CONTINUALLY HARASSMENT.  
I DECLARE THAT I WROTE TRUE AND BELIEF.

FRONT DESK  
MANAGER  
S. SUZUKI.



On August 11, 8:15 AM

May Paulino HR Manager and Cristina Camacho ( Front Desk Clerk)

May: Cristina, approximately a month and a half ago, you were verbally warned about physical harassment against another employee.

Cristina: Yes, I think that was awhile back. It was Viviane. Since then I don't Joke or do anything to her.

May: Did you slapped Jennifer's Butt?

Cristina: Yes, All she said was like "Hello". then she said that she felt very Uncomfortable. May, we all joke around upstairs. Like Rose, she Asked what is for breakfast. Is it sausage. And I said yeah, I like pancakes. May they ask me about my personal life. I am a Lesbian. And when they ask me. I just tell them out straight. Rose will ask me Who I slept with, or how do I eat pussy from the side. I won't do any Harm to them....but they never told me to stop. We all joke. All of us. We all laugh.

May: Did you ever joke to guest?

Cristina: No.

May: At one time, a guest just married came to front desk and was holding a candle. You told the guest that, the candle is a vibrator?

Cristina: I don't remember. I think so. And the guest just laughed.

May: Cristina, You don't talk dirty jokes to guest. They might not know what you are saying that moment, but sooner or later they will. And am sure they won't appreciate. Then when they get to Japan, they will complaint at home office.

Cristina: It won't happen again. I need this job. Please....

May: I will talk to management and will get back to you as to what the decision would be.

Cristina: Okay.

(3)



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## PERSONNEL ACTION FORM

No.: 04-859

CAMACHO, Christina M.		
NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
TELEPHONE NO.	MAILING ADDRESS	
005589	Front Desk	
EMPLOYER NO.	DEPARTMENT	DEPARTMENT NO.
		31-6000

RELEASED		08/13/04	05/10/04
ACTION		EFFECTIVE DATE	DATE OF HIRE
FROM		TO	
Position:	Front Desk Clerk	Position:	
Department:	Front Desk	Department:	
Salary:	\$6.00	Exemption:	
<input type="checkbox"/> INTRODUCTORY PERIOD			
Remarks:			
		<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Disapproval	
REQUESTED BY			
DATE		DATE	

May Paulino	<i>[Signature]</i>	8/13/04
PERSONNEL MANAGER	SIGNATURE	
DIRECTOR OF ADMINISTRATION	SIGNATURE	
GENERAL MANAGER	SIGNATURE	

FOR INTERNAL USE ONLY

/17/04

LEOPALACE RESORT  
EMPLOYEE PROFILE

Camacho, Christina M

===== PERSONAL DATA =====

EMPNO: 03589

FIRST NAME: Christina MI: M  
LAST NAME: Camacho  
NICKNAME: Christina

BUS. PHONE:

EXT:

HOME PHONE: (671) [REDACTED]

STREET1: [REDACTED]

STREET2: P.O. Box 1166

CITY: Hagatna

ZIP: 96932

ST: GU

SSNO: [REDACTED]  
BIRTH DATE: [REDACTED] AGE: 25  
SEX: F

ETHNIC ID: C

MARRIED: S

HANDICAP: N

MILITARY:

VIET VET: N DISABLED VET: N

CITIZEN: USA

I-9 VERIF:

RENEW DATE: / /

UNION:

UNION DATE: / /

VISA:

FSM:

ORIG HIRE: 05/10/04 LAST HIRE: 05/10/04  
ADJ SEN DATE: 05/10/04 YEARS: 100  
RECRUITER: SOURCE:

===== CURRENT JOB =====

PERF EFF DATE: / /  
REVIEW RATING:  
NEXT REVIEW: / /

JOB CODE: 620-C01 START: 05/10/04

JOB TITLE: FRONT DESK CLERK

SALARY GRADE: 01

EXEMPT: N

EEO CLASS: 4

JOB GROUP:

SALARY HOURLY: H

SEASONAL: N

PAY EFF DATE: 05/10/04

REASON CODE: NEW HIRE

PAY RATE: 6.0000

PER: H

SUPERVISOR#:

EXT PAY REVIEW: / /

HOURS-UNITS: 80.0000

PER PAY FREQ: B

DIVISION: 1000

DEPARTMENT: 600

SHIFT: PREMIUM: 0.0000

LOCATION:

M/S: S

ANNUALIZED PAY: \$12,480.00

EMPLOY STATUS: TFT

ACTIVE STATUS: A

COBRA: N

LAST INCR %: 0

COMPARATION: 90.57

TERM DATE: 08/13/04

TERM TYPE:

LAST INCR \$: 0

DATE: /

REASON: RELEASED

REHIRE:

WILING: S-1

EDUCAT:

HOUSE: 0.00

: 0.00

===== JOB HISTORY =====

EFF DATE	REASON	TITLE	STA	PAY RATE /	HRS	ANNUAL	PCT	RATING
05/10/04	NEW HIRE	FRONT DESK CLERK	TFT	6.0000 H	80.00	12480	0	

17/04

LEOPALACE RESORT  
EMPLOYEE PROFILE

Camacho, Christina M

DEPENDENTS

1E	FIRST NAME	LAST NAME	SEX	BIRTH	AGE	SSNO	INS	OTHER
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No Dependent Records for: Camacho, Christina M

BENEFITS

BENEFIT	EFF.DATE	EXP.DATE	COVERAGE	EMPL PREMIUM	DEP PREMIUM	EMPL CONTRIB	PER
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No Benefit Records for: Camacho, Christina M

WELLNESS

EMER CONTACT: Mike Camacho  
PHONE: (671) [REDACTED]  
RELATION: Uncle  
ADDRESS: [REDACTED]

DATE NEXT PHYSICAL: / /  
DATE LAST PHYSICAL: / /  
RESULT:

DATE NEXT DRUG TEST: / /  
DATE LAST DRUG TEST: / /  
RESULT:

MAJOR ALLERGIE(S):	CHRONIC CONDITION(S):	WELLNESS PROGRAM(S):
1.	1.	1.
2.	2.	2.
3.	3.	3.

HEIGHT: 5.0  
WEIGHT: 150  
AGE: 26  
BLOOD TYPE: RH:  
DONATION DATE: / /  
DATE ELIGIBLE: 00/00/00

NOTES:





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## PERSONNEL ACTION FORM

No.: 04-498

CAMACHO, Christina M.		[REDACTED]	[REDACTED]
NAME		SOCIAL SECURITY NO.	DATE OF BIRTH
[REDACTED]		P.O. Box 1166 Hagatna, Guam 96910	
TELEPHONE NO.		MAILING ADDRESS	
03589		FRONT DESK	31-5000
EMPLOYEE NO.		DEPARTMENT	DEPARTMENT NO.

NEW HIRE - TEMPORARY FULL TIME		05/10/04	05/10/04
FROM		TO	DATE OF HIRE
Position:		Position: FRONT DESK CLERK	
Department:		Department: FRONT DESK	
Salary:	Exemption:	Salary: \$6.00	Exemption:
<input type="checkbox"/> ANNUAL		<input type="checkbox"/> INTRODUCTORY PERIOD	
Remarks:			
		<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Disapproval	
APPROVED BY		DATE	
SIGNED		DATE	

May Paulino	<i>May Paulino</i>	5/11/04
PERSONNEL MANAGER	SIGNATURE	DATE
DIRECTOR OF ADMINISTRATION	SIGNATURE	DATE
GENERAL MANAGER	SIGNATURE	DATE

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6/12/04  
Forwarded copy  
H. L. I.

/10/04

LEOPALACE RESORT  
EMPLOYEE PROFILE

Camacho, Christina M

===== PERSONAL DATA =====

EMPNO: 03589

RST NAME: Christina MI: M BUS. PHONE: EXT:  
AST NAME: Camacho  
NICKNAME: Christina HOME PHONE: (671) [REDACTED]  
STREET1: [REDACTED]  
STREET2: P.O. Box 1166  
CITY: Hagatna ST: GU  
ZIP: 96932 CTRY:  
SSNO: [REDACTED] AGE: [REDACTED]  
RTH DATE: [REDACTED] SEX: [REDACTED]  
THNIC ID: C  
MARRIED: S  
HANDICAP: N MILITARY:  
VIET VET: N DISABLED VET: N  
CITIZEN: USA  
-9 VERIF: RENEW DATE: / / UNION: UNION DATE: / /  
VISA: FSM: MISC4: 0.00  
ORIG HIRE: 05/10/04 LAST HIRE: 05/10/04  
ADJ SEN DATE: 05/10/04 YEARS: 100  
RECRUITER: SOURCE:

===== CURRENT JOB =====

PERF EFF DATE: / / JOB CODE: 620-C01 START: 05/10/04  
REVIEW RATING: JOB TITLE: FRONT DESK CLERK  
NEXT REVIEW: / / SALARY GRADE: 01 EXEMPT: N  
EEO CLASS: 4 JOB GROUP:  
SALARY/HOURLY: H SEASONAL: N  
PAY EFF DATE: 05/10/04  
REASON CODE: NEW HIRE  
PAY RATE: 6.0000 PER: H SUPERVISOR#:  
NEXT PAY REVIEW: / / DIVISION: 1000  
HOURS-UNITS: 80.0000 PER PAY FREQ B DEPARTMNT: 600  
SHIFT: PREMIUM: 0.0000 LOCATION: M/S: S  
ANNUALIZED PAY: \$12,480.00 EMPLOY STATUS: TFT  
ACTIVE STATUS: A COBRA: N  
AST INCR %: 0 COMPARATIO: 90.57 TERM DATE: / / TERM TYPE:  
AST INCR \$: 0 DATE: / / REASON: REHIRE:  
ILLING: S-1 EDUCAT: HOUSE: 0.00 : 0.00

===== JOB HISTORY =====

FF DATE	REASON	TITLE	STA	PAY RATE /	HRS	ANNUAL PCT	RATING
5/10/04	NEW HIRE	FRONT DESK CLERK	TFT	6.0000 H	80.00	12480	0

ENTERED  
DATE: 5/10/04

/10/04

LEOPALACE RESORT  
EMPLOYEE PROFILE

Camacho, Christina M

DEPENDENTS

PE	FIRST NAME	LAST NAME	SEX	BIRTH	AGE	SSNO	INS	OTHER
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No Dependent Records for: Camacho, Christina M

BENEFITS

BENEFIT	EFF.DATE	EXP.DATE	COVERAGE	EMPL PREMIUM	DEP PREMIUM	EMPL CONTRIB	PER
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No Benefit Records for: Camacho, Christina M

WELLNESS

EMER CONTACT: Mike Camacho  
PHONE: (671) [REDACTED]  
RELATION: Uncle  
ADDRESS: [REDACTED]

DATE NEXT PHYSICAL: / /  
DATE LAST PHYSICAL: / /  
RESULT:

DATE NEXT DRUG TEST: / /  
DATE LAST DRUG TEST: / /  
RESULT:

MAJOR ALLERGIE(S):	CHRONIC CONDITION(S):	WELLNESS PROGRAM(S):
1.	1.	
2.	2.	
3.	3.	

HEIGHT: 0.0 BLOOD TYPE: RH:  
WEIGHT: 0 DONATION DATE: / /  
AGE: 25 DATE ELIGIBLE: 00/00/00

NOTES:



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## EMPLOYMENT PERSONAL INFORMATION

### PERSONAL DATA

NAME (LAST, FIRST, MI) Camacho, Christina M.

SOCIAL SECURITY NO.: [REDACTED]

DATE OF BIRTH (MONTH/ DATE/ YEAR) [REDACTED] AGE: 25

HOME ADDRESS: [REDACTED]

MAILING ADDRESS: P.O. Box 1166 Hagatña Guam

HOME TELEPHONE: [REDACTED]

### EMERGENCY CONTACT INFORMATION

CONTACT NAME: Mike Camacho

RELATIONSHIP: uncle

DAYTIME PHONE: [REDACTED] EVENING PHONE: [REDACTED]

HOME ADDRESS: [REDACTED]

\*\*\*\*\*  
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Employee No.: 03589

Date of Hire: 05/10/04

Rate of Pay: \$6.00

Position/ Title: FRONT DESK CLERK

Department: FRONT DESK

Kronos No.: 7703584

Processed By: [Signature]

PAF No.: 01-198

Exemption: S-1

Status: RFT ☒ TPT

Account No.: 31-5000

FOR INTER: TE ONLY

# Form W-4 (2004)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** You cannot claim exemption from withholding if: (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

## Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself if no one else can claim you as a dependent . . . . . A \_\_\_\_\_
- B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. . . . . B \_\_\_\_\_
- C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C \_\_\_\_\_
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D \_\_\_\_\_
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . E \_\_\_\_\_
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit . . . . . F \_\_\_\_\_
- (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G Child Tax Credit (including additional child tax credit):   
 • If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. . . . . G \_\_\_\_\_
- H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return.   
 For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. . . . . H \_\_\_\_\_

Cut here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.		OMB No. 1545-0010 <b>2004</b>
1 Type or print your first name and middle initial <b>Christina M.</b>		Last name <b>Camacho</b>		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <b>1</b>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		[REDACTED]		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.) <b>C. M. Camacho</b>		Date <b>05-10-04</b>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins

Print Name: Last <b>Camacho</b>	First <b>Christina</b>	Middle Initial <b>M.</b>	Maiden Name
Address (Street Name and Number) <b>P.O. Box 1166</b>		Apt. #	Date of Birth (month/day/year) [REDACTED]
City <b>Hagatna</b>	State <b>Guam</b>	Zip Code <b>96910</b>	Social Security # [REDACTED]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):  
☐ A citizen or national of the United States  
☐ A Lawful Permanent Resident (Alien # A)  
☐ An alien authorized to work until [ ] / [ ] / [ ] (Alien # or Admission #)

Employee's Signature **C. M. Camacho** Date (month/day/year) **05-10-04**

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name	Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____	[REDACTED]	<b>GUAM DRIVERS LICENSE</b>	_____	_____
Issuing authority: _____		<b>REVENUE &amp; TAX</b>	_____	_____
Document #: _____		<b>12280717</b>	_____	_____
Expiration Date (if any): ____/____/____		<b>12 21 06</b>	_____	____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **05/10/04** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative <b>[Signature]</b>	Print Name <b>Christina</b>	Date (month/day/year) <b>05/10/04</b>
Business or Organization Name <b>MDI GUAM CORP. dba. LEOPALACE RESORT</b>		
Address (Street Name and Number, City, State, Zip Code) <b>342 LAKE VIEW DR. YONA, GU 96915</b>		

**Section 3. Updating and Reverification.** To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_



DRIVER'S LICENSE  
1228071718

Expires: 12-21-2006

**Guam**

*Where America's Day Begins*

Class: OPERATOR  
Endorsement: NONE  
Restrictions: NONE  
Sex: M  
DOB: 05/01/1965



[Redacted Address]

CHRISTINA M. HAGAN

William B. Hagan  
WILLIAM B. HAGAN  
Acting Director of Revenue and Economic Development

[Redacted Signature]



## BORROWING OF COMPANY PROPERTY

Effective immediately, borrowing of company property, to leave the resort's premises for personal use, by any employee (staff, department supervisors & managers/ superintendents, and general manager) is PROHIBITED with no further consideration, except when the company property is to be used in case of an emergency (i.e., by ambulance/ paramedics, Fire Department, Police Department, etc), but with prior approval of the Executive Director (K. Kimura).

The "company property" refers to any possession of the company including, but not limited to, the following: tools equipment/ big or small machinery (bush cutter, water blaster, computer/ printer, etc.), furniture (function tables and chairs), vehicles, and many other small or big items belonging to the company.

Anyone in violation of this policy shall be subject to IMMEDIATE TERMINATION, and any complaint shall be directed for MDI's corporate lawyer's action, and fees for his services shall be the responsibility of the employee involved.

C. R. Camacho

Signature

05-10-04

Date





### EMPLOYEE ID BADGE/ KRONOS CARD POLICY

1. It is the employee's responsibility to maintain the ID badge/ Kronos card.
2. This badge/ card must be worn at all times while on duty.
3. If the badge/ card is lost, or damaged in any way, the user will be charged at \$25.00 fee for replacement. A fee of \$5.00 will be charged on top of every replacement plus \$25.00.  
(Example: Lost Kronos No. 1 ...  $\$25.00 + \$5.00 = \$30.00$   
Lost Kronos No. 2 ...  $\$25.00 + \$10.00 = \$35.00$ )  
Note: The Kronos replacement fee will be deducted from your payroll check. No cash will be accepted up front.
4. Avoid placing the badge/ card near magnets and make sure to remove it from uniform/ clothes to prevent it from being laundered.
5. Upon termination of employment, the employee must turn in the badge/ card to the Personnel Office before the final check is released.

\*\*\*\*\*

I, Christina M. Camacho, have read the information concerning the policy to be followed for ID badge/ Kronos card. I understand that I will be responsible to maintain this time card, and if lost or damaged, I will be charged for it.

C.M. Camacho  
Signature

05-10-09  
Date



## IMPLEMENTATION OF LOSS PREVENTION PROGRAM

In order to prevent the loss of MDI property, MDI had adopted a loss prevention program. The implementation of a search policy is part of this program. The implementation of this policy is not to be construed as evidence that particular person (s) is suspected of any wrongdoing. It is intended as a deterrent. MDI values its employees and appreciated their efforts in making MDI a resort at which guests feel safe and comfortable. MDI recognizes that the vast majority of its employees are honest and hardworking. It is unfortunate that a search policy must be adopted for the few employees who do not share these attributes.

Employees should be aware that all areas of the workplace are subject to search at all times, in MDI's discretion and without prior notification. Any employee lockers, file cabinets, desks, computers, email, briefcases, backpacks, bags, purses and other personal possessions brought onto MDI premises are subject to being searched. The search policy will be fairly implemented and will be performed in the most objective and least intrusive manner possible. Any personal item that an employee is uncomfortable in having searched should not be brought to the workplace.

MDI has zero tolerance level for theft. Any employee found to have taken MDI property without approval will be immediately terminated. The appropriate authorities will be notified and MDI will aid and participate in any criminal proceedings that may follow.

Employees assigned to work at the pool, convenience store, or anywhere in Condominium Cluster No. 1 will be allowed to park their personal vehicles anywhere in Cluster No. 1. All employees tasked with working at Condominium Cluster No. 1 will park in the main parking lot and will either take the shuttle or walk to their worksite on Condominium Cluster No. 1. Should an employee need to drive in Condominium Cluster No. 1 for any reason before or after finishing his/ her work shift, his/ her vehicle will be subjected to being searched. This policy will not apply to any employee residing at the condominiums in Condominium Cluster No. 1.

Received:

Date: 05-10-04

Christina M. Camacho C.M. Camacho  
(Print and Sign employee name)



### Theft or Stealing/ Pilfering

Any misconduct of an employee involving theft or stealing/ pilfering of money or company property, the personnel action to be taken is "IMMEDIATE TERMINATION" and GPD (Guam Police Department) shall be summoned to investigate and take custody of the individual (s) involved. Then the case shall become a legal matter to be resolved between attorneys of each party.

Stealing from one's employer is a serious matter and it is management's responsibility to ensure that occurrence of such incident is prevented.

No exception nor negotiation shall be accepted.

C. M. Camacho  
Signature

05-10-04  
Date



LEOPALACE  
• RESORT •  
COUNTRY CLUB  
MANENGON HILLS

## UNIFORM/ LOCKER KEY CONTROL AGREEMENT

DATE 05/10/04	LOCKER NO. (IF ISSUED)
NAME Christina M. Camacho	POSITION/ TITLE
EMP. NO.	DEPARTMENT FRONT DESK

#	ITEM(S) ISSUED	QTY	SIZE	COLOR	CONDITION	VALUE
	UNIFORM SHIRT	3	M	WHITE	USED	

I, Christina M. Camacho, have been issued the above item(s).  
I will follow company policy concerning the use and care of the issued item(s).  
I promise to report loss of or damage to issued item(s), and I agree to pay lost or damaged item(s) based upon the conditions at the time of its return.

Acceptance of a locker assignment gives consent to security, accompanied by a management representative, to open and inspect locker at regular intervals with or without notice.

Upon termination of employment either by the company or myself, all item(s) listed above will be returned to the Personnel Department before my final payroll check will be issued.

EMPLOYEE SIGNATURE: C. M. Camacho DATE: 05-10-04

ISSUED BY: <u>[Signature]</u>	DEPARTMENT: <input type="checkbox"/> PERSONNEL <input type="checkbox"/> HSKP
COPY TO: PERSONNEL (1)	HOUSEKEEPING (1)

FOR INTERNAL USE ONLY

# New Employee Orientation

APPEARANCE

EMPLOYEE STATUS:  
(TEMPORARY PART-TIME)  
(TEMPORARY FULL-TIME)

ATTENDANCE

HOURS/WORK SCHEDULE  
(SET BY SUPERVISOR)

EMPLOYEE ID/TIME CARD

UNIFORMS (IF REQUIRED)

LOCKERS

EVALUATION

VISITORS

PARKING

VEHICLE PASS

CHANGES IN PERSONNEL RECORDS

PERSONAL PHONE CALLS

PACKAGE/PROPERTY PASS

RULES OF CONDUCT

SEXUAL HARASSMENT

SMOKING

RESTRICTED AREAS

SOLICITATION

CELLULAR / PAGER (NOT ALLOWED)

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

✓ C.P.C.

UNIONS

RETURN OF COMPANY PROPERTY

✓  
C.F.C.  
✓  
C.F.C.

QUESTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSONNEL DEPARTMENT:

McLaff 5/10/04  
(Signature and Date)

I, understand all information covered. I, also, acknowledge receipt of the Employee Orientation Packet.

C. M. Camacho 05-10-04  
(Employee Signature and Date)



071097107 - 10:00 a.m. - George (C) 11:20 a.m.  
Confirmed for 10:00 a.m.

APR 08 2004



LEO PALACE  
• RESORT •  
OPERATIONS DIVISIONS

Monday 05/10/04 10am.  
#6. w/ffs  
3/11/04

## Employment Application

LAST NAME <b>CAMACHO</b>	FIRST NAME <b>CHRISTINA</b>	MIDDLE NAME <b>MARIA</b>
ADDRESS (Number Street City State Zip Code) [REDACTED]		
TELEPHONE NUMBER(S) [REDACTED]	POSITION(S) APPLIED FOR <b>LIVE COOK / FRONT DESK BOWLING ATTN.</b>	SOCIAL SECURITY NUMBER [REDACTED]

I certify that answers given are true and complete to the best of my knowledge. This application for employment shall be considered active for a period of ninety (90) days. I hereby acknowledge that an employment relationship with this Company is a contract of workmanship which means that the employee may resign at any time and the employer may discharge employee at any time without cause and is further understood that this employment relationship may be changed or any written document or contract unless such change is specifically agreed to in writing and is authorized by the company. In the event of any company understanding that false or incomplete or misleading information given in my application or interview may result in discharge, understanding that I am required to abide by all rules and regulations of the company.

I authorize the release of information related to my employment status and performance during and after my term of employment.

I authorize the inclusion of all statements contained in this application for employment as may be necessary in making an employment decision.

*Christina Camacho*

SIGNATURE

04-08-04

DATE

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF ELIGIBILITY TO WORK?

☐ YES

☐ NO

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? IF YES, GIVE DATE oct 03

☒ YES

☐ NO

ARE YOU CURRENTLY EMPLOYED?

☒ YES

☐ NO

ARE YOU AVAILABLE TO WORK

☒ FULL TIME

☒ PART TIME

☐ SHIFT WORK

☐ TEMPORARY

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?

Conviction will not necessarily disqualify an application from employment.

IF YES, PLEASE EXPLAIN, \_\_\_\_\_

Leo Palace and Resort are an Equal Opportunity Employer.  
We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence or absence of related medical conditions or handicap, or any other legally protected status.

Police and Court Clearance Required.

M

ASap 5/6/04  
10am

# EMPLOYMENT HISTORY

Fill in with your present or last job-related military service assignments and volunteer activities. You may exclude organization which indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER <b>T.G.I.F.</b>	SUPERVISOR <b>SAM</b>	DATE EMPLOYED <b>11/03</b>	JOB TITLE <b>LINE COOK / PREP / DISH</b>
ADDRESS <b>TUMON</b>	TELEPHONE NUMBERS <b>[REDACTED]</b>	MO./YR. <b>11/03</b>	REASON FOR LEAVING: <b>STILL WORKING</b>
EMPLOYER <b>CLIFF HOTEL</b>	SUPERVISOR <b>Freddie VonDox</b>	DATE EMPLOYED <b>06/99</b>	JOB TITLE <b>Front Desk / Cashier</b>
ADDRESS <b>Agana Hts.</b>	TELEPHONE NUMBERS <b>[REDACTED]</b>	MO./YR. <b>06/99 02/02</b>	REASON FOR LEAVING: <b>OFF ISLAND</b>
EMPLOYER <b>K-MART</b>	SUPERVISOR <b>[REDACTED]</b>	DATE EMPLOYED <b>11/97</b>	JOB TITLE <b>Cashier / Warehouse / Damage</b>
ADDRESS <b>Tamuning</b>	TELEPHONE NUMBERS <b>[REDACTED]</b>	MO./YR. <b>11/97 08/99</b>	REASON FOR LEAVING: <b>[REDACTED]</b>

If you need additional space, please continue on a separate sheet of paper.

Olma - Hotel

## EDUCATION

SCHOOL NAME AND LOCATION	HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL			
	9	10	11	12	1	2	3	4	1	2	3	4
<b>G.W.H.S.</b>												
YEARS COMPLETED												
DIPLOMA/DEGREE												
Describe any specialized training, apprenticeship, skills and extra-curricular activities.					State any additional information you feel may be helpful to us in considering your application.							

## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- Julie Cruz** **VONA** **[REDACTED]**
- Normmed Gogo** **TOTO** **[REDACTED]**
- Norma Gogo** **TOTO** **[REDACTED]**

If you are physically or otherwise unable to perform the duties of the job for which you are applying Please Explain \_\_\_\_\_

### FOR PERSONNEL DEPARTMENT USE ONLY

Screening Date _____	Arrange Interview <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <b>4/30/04</b>	Time _____
Remarks _____	Employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hourly Rate/Salary <b>\$6.00 PH.</b>	Cost Center _____
Requisition # _____	Job Title <b>Front Desk</b>	Status <b>TR</b>	Date _____

Date Authorized to Start Work **May - 6th 2004**

Approved: **[Signature]** PERSONNEL OFFICE

Date **4/30/04**





Government of Guam  
GUAM POLICE DEPARTMENT  
RECORDS & IDENTIFICATION SECTION  
P.O. Box 23909  
Guam Main Facility, Guam 96921



04/08/04

SUBJECT: CRIMINAL HISTORY RECORD

NAME: Christina M. CAMACHO

FINGERPRINT# [REDACTED]

SOCIAL SECURITY NO: [REDACTED]

DATE OF BIRTH: [REDACTED]

The individual has no record of criminal conviction(s) in GPD files that are subject to Guam law and rules and regulations of the Department.

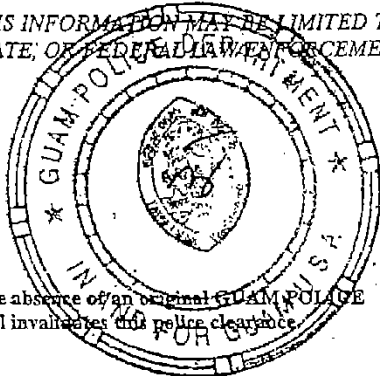
DATE OF OFFENSE

TYPE OF OFFENSE

DISPOSITION

\*\*\*\*\*NOTHING FOLLOWS\*\*\*\*\*

THIS INFORMATION MAY BE LIMITED TO A LOCAL CRIMINAL OFFENSE ONLY AND IS NOT INTENDED FOR USE FOR ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY. THIS CLEARANCE DOES NOT REFLECT ARREST(S) PENDING ADJUDICATION.



The absence of an original GUAM POLICE seal invalidates this police clearance.

By Direction: PRISCILLA

FRANKIE T. ISHIZAKI  
ACTING, CHIEF OF POLICE



# SUPERIOR COURT OF GUAM

Guam Judicial Center • 120 West O'Brien Drive • Hagåtña, Guam 96910

Telephone (671) 475-3370

Fax (671) 477-1500

RICHARD B.  
MARTINEZ  
Clerk of Courts, Acting

Name: CHRISTINA M. CAMACHO

SS#: [REDACTED]

ID#

Date of Birth: [REDACTED]

## CERTIFICATE OF SEARCH

The undersigned Clerk hereby certifies the following results of a diligent search of the records of this Court:

### Criminal Cases:

- A. ☒ No Case Found.
- B. 1. Criminal Case No.  
2. Criminal Case No.  
3. Criminal Case No.  
4. Criminal Case No.  
5. Criminal Case No.

Criminal Record: Page of

### Civil Cases:

- A. ☐ No Case Found
- B. 1. Civil Case No. CV1147-01  
2. Civil Case No.  
3. Civil Case No.  
4. Civil Case No.  
5. Civil Case No.

Civil Record: Page of

Request for further information may be addressed at the Records Division of the Superior Court of Guam, Guam Judicial Center, 120 West O'Brien Drive, Hagåtña, Guam. Hours of operation are Monday - Friday, 8:00 a.m. to 3:00 p.m. Closed Saturday, Sunday and local/federal holidays.

Dated: 04/08/04

RICHARD B. MARTINEZ  
Clerk of Courts, Acting

BY: JAMES R. BORJA  
Deputy Clerk

Prepared By: J.R.B.



The absence of an  
original Court Seal  
invalidates this  
document.